

Myeloma Awareness Month. Myeloma is a cancer of the bone marrow that can have a variety of effects on the body, ranging from bone pain to organ failure. The National Cancer Institute estimates that over 22,000 new cases will be diagnosed and 11,000 deaths will occur due to myeloma this year.

While myeloma is not curable, it is treatable. I thank my colleagues, Congressman BACHUS and Congressman RANGEL, for drafting a resolution to establish March as National Multiple Myeloma Awareness Month and the International Myeloma Foundation for raising awareness of the disease year-round.

Additionally, as Congress begins to develop a budget, I encourage strong support for medical research, increasing funding to the National Institutes of Health to \$32 billion.

Finally, I urge the House leadership to bring the Cancer Drug Coverage Parity Act to the floor, a bill I introduced to make sure that patients with myeloma and other cancers who are prescribed oral chemotherapy by their doctors will have the insurance coverage they need to treat their illness and to get healthy.

MEDICARE ADVANTAGE

(Mr. BARROW of Georgia asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. BARROW of Georgia. Mr. Speaker, I rise today to shed some light on a very serious issue facing more than 15 million Medicare Advantage recipients across the country, including more than 300,000 seniors in my home State of Georgia.

Medicare Advantage provides care and support to the constituents of every Member of this body. It reduces the need for hospitalization and reduces health care costs by focusing on prevention and disease management. The Centers for Medicare and Medicaid Services recently proposed a 5.9 percent cut to this program which will reduce benefits and increase premiums by \$35 to \$75 per month for beneficiaries all across the country.

This month, my colleague from the other side of the aisle, Dr. BILL CASSIDY, and I led an effort with over 200 Members of this body to urge the Centers for Medicare and Medicaid Services to prevent these devastating cuts to this program.

I urge this body and our friends in the Senate to do all we can to preserve this critical program. We simply cannot place the country's financial burdens on the back of seniors by undermining Medicare Advantage.

HONORING DR. FRANK KITAMOTO

(Mr. KILMER asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. KILMER. Mr. Speaker, I rise today to recognize Dr. Frank Kitamoto

and offer my condolences to his family and friends in light of his recent passing.

At the age of 2, Dr. Kitamoto and his family were among the 277 Bainbridge Island, Washington, residents forced from their homes during World War II and taken to a war relocation center in California. In total, 12,000 Japanese American Washingtonians were forced out of their homes for the duration of the war.

Dr. Kitamoto returned to Bainbridge Island after the end of the war and he began an oral history project. He traveled the country to educate others about Japanese American history and forced relocation during World War II. He served as president of the Bainbridge Island Japanese American Community for more than 25 years. Dr. Kitamoto also played an integral role in the installation of the Bainbridge Island Exclusion Memorial.

Mr. Speaker, our Nation owes a debt of gratitude to Dr. Kitamoto for his dedication to ensuring that the stories of this difficult period in American history are told. I am pleased to honor his legacy in the United States Congress today.

MEDICARE ADVANTAGE CUTS PROPOSED FOR 2015 WOULD BE SHORTSIGHTED AND COUNTER-PRODUCTIVE

(Mr. MURPHY of Florida asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. MURPHY of Florida. Mr. Speaker, with all the questions surrounding health insurance today, it is vital that seniors can keep the health care coverage on which they depend. I remain committed to working in a bipartisan manner to address the long-term drivers of our debt. I also understand we must consider the impact the decisions we make have on real Americans.

Recent efforts to bring Medicare Advantage payments in line with traditional Medicare makes sense if you think of the budget solely as numbers on a spreadsheet; but we are seeing these cuts resulting in smaller networks of doctors, cuts to add-on benefits, and higher out-of-pocket limits, shifting the cost and burden onto our Nation's seniors on fixed incomes.

The Medicare Advantage cuts proposed for 2015 would be shortsighted and counterproductive if it meant elimination of health care innovations and led to hospital readmissions and worse health outcomes.

I add my voice to the growing bipartisan chorus calling for no more cuts to seniors on Medicare Advantage. I urge the administration to keep the rates flat for this year, protecting seniors' continued access to health care choices that they have earned after a lifetime of hard work.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair

declares the House in recess subject to the call of the Chair.

Accordingly (at 9 o'clock and 20 minutes a.m.), the House stood in recess.

□ 0942

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. WOODALL) at 9 o'clock and 42 minutes a.m.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote incurs objection under clause 6 of rule XX.

Record votes on postponed questions will be taken later.

PROTECTING ACCESS TO MEDICARE ACT OF 2014

Mr. PITTS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4302) to amend the Social Security Act to extend Medicare payments to physicians and other provisions of the Medicare and Medicaid programs, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4302

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the “Protecting Access to Medicare Act of 2014”.

(b) TABLE OF CONTENTS.—The table of contents of this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—MEDICARE EXTENDERS

- Sec. 101. Physician payment update.
- Sec. 102. Extension of work GPCI floor.
- Sec. 103. Extension of therapy cap exceptions process.
- Sec. 104. Extension of ambulance add-ons.
- Sec. 105. Extension of increased inpatient hospital payment adjustment for certain low-volume hospitals.
- Sec. 106. Extension of the Medicare-dependent hospital (MDH) program.
- Sec. 107. Extension for specialized Medicare Advantage plans for special needs individuals.
- Sec. 108. Extension of Medicare reasonable cost contracts.
- Sec. 109. Extension of funding for quality measure endorsement, input, and selection.
- Sec. 110. Extension of funding outreach and assistance for low-income programs.
- Sec. 111. Extension of two-midnight rule.
- Sec. 112. Technical changes to Medicare LTCH amendments.

TITLE II—OTHER HEALTH PROVISIONS

- Sec. 201. Extension of the qualifying individual (QI) program.